

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-006882

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1222

Registrar's No. 615

STATE FILE NUMBER

FILED FEB 18 1963

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>340 S. Van Brunt</u>		d. STREET ADDRESS (If outside, give location) <u>340 S. Van Brunt</u>	
3. NAME OF DECEASED (Type or print) First <u>MATTHEW</u> Middle <u>ORR</u> Last		4. DATE OF DEATH Month <u>1</u> Day <u>29</u> Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9-1-1880</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Editor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Northeast News Co.</u>	
11. BIRTHPLACE (City and state or country) <u>Co. Antrim Ireland</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>James Orr</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Howard</u>	
14. NAME OF HUSBAND OR WIFE <u>Jessie E. Orr</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>[REDACTED]</u>		17. INFORMANT <u>Jessie Orr, 340 S. Van Brunt, K.C. Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombus</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>osteomyelitis femoral sclerosis</u>		PART III. If deceased was female was there a pregnancy in last 90 days <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>10:45</u> a.m. <u>4M</u> Month, Day, Year <u>1-29-63</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Kansas City, Missouri</u>	
21. I attended the deceased from <u>12-16-59</u> to <u>1-29-63</u> and last saw her alive on <u>1-28-63</u> Death occurred at <u>10:45-4M-1-29-63</u> m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Deed or title) <u>Willard V. Cole MD</u>	
22b. ADDRESS <u>2105 Independence</u>		22c. DATE SIGNED <u>1/29/63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>	23b. DATE <u>1-31-1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Elmwood Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>
24. FUNERAL DIRECTOR <u>Sheil Funeral Home, Kansas City, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>1-30-63</u>	
26. REGISTRAR'S SIGNATURE <u>Beth Long</u>			

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Richard O. Canale

Licensed Embalmer No. 4829

P. O. Address 150 W. 10th St.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.